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| FORM PTO-1390 (REV. 11-2000) | | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE | | ATTORNEY'S DOCKET NUMBER | |
| TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371 | | | | 0397-0441P | |
| | | | | U.S. APPLICATION NO. (If known, see 37 CFR 1.5) | |
| | | | | 10/069182 | |
| INTERNATIONAL APPLICATION NO. | | INTERNATIONAL FILING DATE | | PRIORITY DATE CLAIMED | |
| PCT/JP01/04929 | | June 11, 2001 ✓ | | June 23, 2000 ✓ | |
| TITLE OF INVENTION | | | | | |
| PROCESS FOR PRODUCING PLANT-ORIGIN ANTIBACTERIAL SUBSTANCE | | | | | |
| APPLICANT(S) FOR DO/EO/US | | | | | |
| SAKAI, Takuo | | | | | |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information: | | | | | |
| 1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 371. 2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371. 3. <input type="checkbox"/> This express request to begin national examination procedures (35 U.S.C. 371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 39 (1). 4. <input type="checkbox"/> The US has been elected by the expiration of 19 months from the priority date (Article 31). 5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) a. <input type="checkbox"/> is transmitted herewith (required only if not transmitted by the International Bureau). b. <input checked="" type="checkbox"/> has been transmitted by the International Bureau. WO 01/98519 c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US). 6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)). a. <input checked="" type="checkbox"/> is transmitted herewith. b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4) 7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)). a. <input type="checkbox"/> are transmitted herewith (required only if not transmitted by the International Bureau). b. <input type="checkbox"/> have been transmitted by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input checked="" type="checkbox"/> have not been made and will not be made. 8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)). 9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)). 10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)). | | | | | |
| Items 11. to 20. below concern document(s) or information included: | | | | | |
| 11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98, Form PTO-1449(s), and International Search Report (PCT/ISA/210) with 0 cited document(s). 12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. 13. <input checked="" type="checkbox"/> A FIRST preliminary amendment. 14. <input type="checkbox"/> A SECOND or SUBSEQUENT preliminary amendment. 15. <input type="checkbox"/> A substitute specification. 16. <input type="checkbox"/> A change of power of attorney and/or address letter. 17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 35 U.S.C. 1.821-1.825. 18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4). 19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4). 20. <input checked="" type="checkbox"/> Other items or information: 1.) PCT/IB/304 2.) Two (2) sheets of Formal Drawings | | | | | |

| US APPLICATION NO. (See Instructions, sec 37 CFR 1.5) <div style="font-size: 24pt; font-weight: bold; text-align: center;">1069182</div> | INTERNATIONAL APPLICATION NO. (See Instructions, sec 37 CFR 1.5) <div style="font-size: 12pt; text-align: center;">PCT/JP01/04929</div> | ATTORNEY'S DOCKET NUMBER <div style="font-size: 12pt; text-align: center;">0397-0411P</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--------------|--------------|------|--------------|-----------|---|-----------|--------------------|---------|---|-----------|---|--|--|------------|--|--------------|--|--------------|----|--------|--|----|--------|--|----|---|--|----|---|--|----|--------|--|----|---------|--|----|---|--|----|---------|--|----|---|--|----|---------|--|----|---------|--|----|-----------------------|--|----|---------|--|
| 21. <input checked="" type="checkbox"/> The following fees are submitted: BASIC NATIONAL FEE (37 CFR 1.492(a)(1)-(5)): Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO. \$1,040.00 International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO. \$890.00 International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO. \$740.00 International preliminary examination fee (37 CFR 1.482) paid to USPTO but all claims did not satisfy provisions of PCT Article 33(1)-(4). \$710.00 International preliminary examination fee (37 CFR 1.482) paid to USPTO and all claims satisfied provisions of PCT Article 33(1)-(4). \$100.00 <div style="text-align: center; font-weight: bold;">ENTER APPROPRIATE BASIC FEE AMOUNT =</div> Surcharge of \$130.00 for furnishing the oath or declaration later than <input checked="" type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)). <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">CLAIMS</td> <td style="width:33%;">NUMBER FILED</td> <td style="width:33%;">NUMBER EXTRA</td> <td style="width:15%;">RATE</td> </tr> <tr> <td>Total Claims</td> <td>10 - 20 =</td> <td>0</td> <td>X \$18.00</td> </tr> <tr> <td>Independent Claims</td> <td>1 - 3 =</td> <td>0</td> <td>X \$84.00</td> </tr> <tr> <td colspan="3">MULTIPLE DEPENDENT CLAIM(S) (if applicable) Yes</td> <td>+ \$280.00</td> </tr> </table> <div style="text-align: right; font-weight: bold;">TOTAL OF ABOVE CALCULATIONS =</div> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2. <div style="text-align: right; font-weight: bold;">SUBTOTAL =</div> Processing fee of \$130.00 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)). <div style="text-align: right; font-weight: bold;">TOTAL NATIONAL FEE =</div> Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property + <div style="text-align: right; font-weight: bold;">TOTAL FEES ENCLOSED =</div> | | CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | Total Claims | 10 - 20 = | 0 | X \$18.00 | Independent Claims | 1 - 3 = | 0 | X \$84.00 | MULTIPLE DEPENDENT CLAIM(S) (if applicable) Yes | | | + \$280.00 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">CALCULATIONS</th> <th style="text-align: left;">PTO USE ONLY</th> </tr> <tr> <td style="width:10%; text-align: center;">\$</td> <td style="width:40%; text-align: right;">890.00</td> <td style="width:50%;"></td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: right;">130.00</td> <td></td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: right;">0</td> <td></td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: right;">0</td> <td></td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: right;">280.00</td> <td></td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: right;">1300.00</td> <td></td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: right;">0</td> <td></td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: right;">1300.00</td> <td></td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: right;">0</td> <td></td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: right;">1300.00</td> <td></td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: right;">1300.00</td> <td></td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: right;">Amount to be refunded</td> <td></td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: right;">charged</td> <td></td> </tr> </table> | CALCULATIONS | | PTO USE ONLY | \$ | 890.00 | | \$ | 130.00 | | \$ | 0 | | \$ | 0 | | \$ | 280.00 | | \$ | 1300.00 | | \$ | 0 | | \$ | 1300.00 | | \$ | 0 | | \$ | 1300.00 | | \$ | 1300.00 | | \$ | Amount to be refunded | | \$ | charged | |
| CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | 10 - 20 = | 0 | X \$18.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | 1 - 3 = | 0 | X \$84.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable) Yes | | | + \$280.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CALCULATIONS | | PTO USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ | 890.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ | 130.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ | 280.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ | 1300.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ | 1300.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ | 1300.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ | 1300.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ | Amount to be refunded | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ | charged | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. <input checked="" type="checkbox"/> A check in the amount of \$ 1300.00 to cover the above fees is enclosed. b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed. c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>02-2448</u> . NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status. Send all correspondence to: Birch, Stewart, Kolasch & Birch, LLP or Customer No. 2292 P.O. Box 747 Falls Church, VA 22040-0747 (703) 205-8000 Date: <u>February 22, 2002</u> <div style="text-align: right;">By <u>Marc S. Weiner</u> ³⁶⁶²³ <u>α</u> Marc S. Weiner, #31281</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |